

## ADDRESS LETTERS TO

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## Management of otitis externa

### Dear Editor

In the article on management of otitis externa by GPs in North Queensland (*AFP* April 2009), it was surprising that the use of oral steroids was not mentioned. Our 12 doctor bayside practice sees a lot of ear infections and we use oral steroids in almost all cases of moderate or severe acute otitis externa as well as antibiotic drops. We usually give the patient 2–3 prednisone 25 mg tablets from our stock to be taken once daily. The response is dramatic and it enables one to insert a wick or clean the canal a day or so later, a task impossible in a throbbing swollen ear canal.

The other point that GPs should explain to patients is that it is not the humidity/swimming that does the damage, but rather the irresistible urge to scratch the ear canal with a finger nail or cotton bud. This is why preventive drops after swimming are so effective.

John Golder  
Cleveland, Qld

## Reply

### Dear Editor

We thank Dr Golder for raising the issue of oral steroid use in acute otitis externa (AOE). In our audit, information about all pharmacological treatments prescribed was obtained. None of the 201 audited cases received an oral steroid. However, one of the 29 surveyed GPs stated that oral prednisolone is useful in severe cases. Because we did not assess the severity of audited cases it is not possible to comment on how often oral steroids are used in severe cases of AOE treated in North Queensland.

Clinical practice guidelines published by American Academy of Otolaryngology in 2006 do not specifically include oral steroid treatment, but do recommend combined steroid and antimicrobial topical preparations to reduce inflammation.<sup>1</sup> They also advise insertion of a cellulose wick when the ear canal is narrowed, along with adequate pain relief. Interestingly, a systematic review of studies comparing topical otic preparations for AOE found that steroid only drops could be more effective than combination steroid/antimicrobial preparations.<sup>2</sup> It is important to carefully assess severe cases for risk of malignant otitis externa, especially in diabetic or immunocompromised patients.

Further research into the role of oral steroids in moderate to severe AOE would be valuable.

Tracy Cheffins  
Townsville, Qld

## References

1. Rosenfeld RM, Brown L, Cannon CR, et al. Clinical practice guideline: Acute otitis externa. *Otolaryngol Head Neck Surg* 2006;134(4 Suppl):S4–23.
2. Rosenfeld RM, Singer M, Wasserman JM, Stinnett SS. Systematic review of topical antimicrobial therapy for acute otitis externa. *Otolaryngol Head Neck Surg* 2006;134(4 Suppl):S24–48.

## Research articles

### Dear Editor

I was pleased to note in your January/February issue editorial that you had 'brought a research article to the front section of the journal... because of the pivotal role research plays in Australian general practice'.<sup>1</sup> Research and education are the opposite sides of one coin. One needs to ask questions. If others know the answers, one needs education; if others do not, one needs research.

This led me to review *AFP* articles for the year 2008. Of the main articles 77 (43%), were about or based on research in primary care, mainly general practice. There were regular short articles in most issues, based on the issue's educational topic, from two major research studies, Bettering the Evaluation and Care of Health (BEACH), and Threats to Australian Patient Safety (TAPS), occasional educational articles that were based on research, and a regular research section at the back.

Only 23% of the research articles were about a clinical topic, with most being about the process of general practice and research and education in it. The most common clinical topics were psychological problems, diabetes and malignancy. There was no research reported on the two most common conditions seen in general practice, respiratory tract infection and hypertension.

This data would support the need for more emphasis in general practice research being given to clinical research, to provide information about patient outcomes of treatment as a basis for their care.

Charles Bridges-Webb  
Burwood, NSW

## Reference

1. Parsons J. A healthy educational diet. *Aust Fam Physician* 2009;1/2:5.